

Name: _____

Date: _____

Health Care Industry

D R M L H P V K R S K T R G W D P A G C I I F G
W R V F L M S H D E M E N T I A K O V Y S G E D
D H O M E M E D I C A L E Q U I P M E N T W E U
I W K C B B E N E F I T P E R I O D F B R U F R
S K U E E V L P X C I D M C Z K E Y R M T I O A
E G D C P R A J A T O L J N K K M T M C J A R B
A W E J Y Q H N Y I O S T C J H D I Q E P X S L
S C W L A A X T C E I N T I G N X D O C P E E E
E J P B H S M H L I R Z M L N Y W I O N G D R M
M X G P O N Z X D A L A A I S E Z B X A V K V E
A D J W Q Q L R D J E L S U A B Q R I R E O I D
N E M E P D X H X F J H A S K L J O R U B F C I
A D T N E M Y A P O C U C R I N C M L S U Q E C
G U I K P T D G T O F B K I Y G I O V N V O K A
E C F A I Y I F T Z R X P S N S N C T I T Z P L
M T D D E L I G I B I L I T Y O E M I O Y W F E
E I R L Q K N C I R M J B L P U R R E C R Y R Q
N B C W O N C O Y P C H A R G E K T V N S W W U
T L D P D O U N T D Z H D U C G M B C I T G B I
Y E J D Z U J Y R O T A L U B M A K W E C R J P
H U S W T Y R A I C I F E N E B Y N K X L E X M
Z E Q K X K X Y K N M B H L G H V E N L R E S E
A C T I V I T I E S O F D A I L Y L I V I N G N
S Y E N R O T T A F O R E W O P E L B A R U D T

Activities of Daily Living
electronic health record
Ancillary services
eligibility
beneficiary
Ambulatory
charge

durable medical equipment
home medical equipment
fee for service
coinsurance
deductible
copayment
claim

durable power of attorney
disease management
benefit period
comorbidity
Assignment
dementia
cost